# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C			Cla	ssification	Population	Owner Type	Primary Source	
СТ0770072	SHADY GLEN RESTAURANT				NTNC	30	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
840 EAST MIDDLE TURNPIKE		Connections	1					

Towns Served: MANCHESTER

Towns Served: MANCHESTER			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Chlorine Residual (0999)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Haloacetic Acids (2456)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
KITCHEN HAND SINK (4004)	1/1/18 - 12/31/18	8/13-8/19	Complete
	1/1/19 - 12/31/19	8/13-8/19	
	1/1/20 - 12/31/20	8/13-8/19	
Total Trihalomethanes (2950)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
BASEMENT WEST (4003)	1/1/18 - 12/31/18	8/13-8/19	Complete
	1/1/19 - 12/31/19	8/13-8/19	
	1/1/20 - 12/31/20	8/13-8/19	
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		<u> </u>
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		•
NOTE: This information has been presided to be a second control of the	, ,,_,_	and the distribution of the control	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	ID PWS Name			Classification		Population	Owner Type	Primary Source	
СТ0770072	SHADY GLEN RESTAURANT				NTNC	30	Р	GW	
Local Address (where applicable) Service				itial	Commerci	al Industri	al Combine	ed Agricultural	
840 EAST MIDI	DLE TURNPIKE	Connections	Connections 1						

Towns Served:	MANCHESTER
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Towns Served: MANCHESTER			
Monitoring	Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Water System Facility: WELL 1 (WSF ID: 10366)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
WELL 1 (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		·
Water System Facility: WELL 2 (WSF ID: 10990)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 2 (2)	10/1/18 - 12/31/18		Complete
` '	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		i
Monthly Water System Escility (V		na Poquiromon	tc
Monthly Water System Facility (V	vor) Level Monitorii	ng kequirenien	13

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Classification		Population	Owner Type	Prim	ary Source	
СТ0770072	SHADY GLEN RESTAURANT				NTNC	30	Р		GW	
Local Address (v	Service	Residentia		Commercia	al Industri	al Combin	ed A	gricultural		
840 EAST MIDDI	Connections	1								

Water System racinty.	ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summary T	ype)	<b>Operating Limit</b>	t	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitori	ng (CHLR)	Minimum: .2 N	1G/L	Daily
<b>Start Date: 1/1/2002</b>		Compliance	e History:	<b>Operating Limit</b>	Monitoring
		Monitoring	Period	Compliance Status	: Compliance Status:
		11/1/2018	11/30/2018		N
		12/1/2018	12/31/2018		N
		1/1/2019 -	1/31/2019		N
		2/1/2019 - 3	2/28/2019		N
		3/1/2019 -	3/31/2019		
		4/1/2019 -	4/30/2019		
Analyte	Monitoring Requirement (Summary T	уре)	Operating Limit	t	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7.0	PH	4
<b>Start Date:</b> 7/1/2003		Compliance	e History:	<b>Operating Limit</b>	Monitoring
		Monitoring	Period	Compliance Status	: Compliance Status:
		11/1/2018	- 11/30/2018		N
			- 11/30/2018 - 12/31/2018		N N
			12/31/2018		
		12/1/2018	- 12/31/2018 1/31/2019		N
		12/1/2018 - 1/1/2019 -	- 12/31/2018 1/31/2019 2/28/2019		N N
		12/1/2018 - 1/1/2019 - 2/1/2019 -	- 12/31/2018 1/31/2019 2/28/2019 3/31/2019		N N

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2017							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2018							
CROSS CONNECTION SURVEY REPORT	3/1/2020							

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	2001	WELL #1 RAW	Р						
		2002	WELL #2 RAW	Р						
		3003	FINISH ENTER SYSTEM	Р						
		4	DISTRIBUTION SYSTEM	Α	Υ					
		4001	BASEMENT EAST	Р		1				
		4002	BASEMENT MIDDLE	Р		1				
		4003	BASEMENT WEST	Α		1			Υ	
		4004	KITCHEN HAND SINK	Α		1			Υ	
		4005	KITCHEN SLOP SINK	Р		1				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

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PWS ID	PWS ID PWS Name			Classification		ification Population		Primary Source
СТ0770072	SHADY GLEN RESTAURANT	NTNC		30	Р	GW		
Local Address (	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
840 EAST MIDDLE TURNPIKE		Connections	1					

	Water System Facility and Sampling Point Inventory								
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR
10366	WELL 1	2	WELL 1	Α					
10990	WELL 2	2	WELL 2	Α					
1332	SHADY GLEN TP								

Certified	Operator	Information
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Water System Facility: SHADY GLEN TP (WSF ID: 1332)

Facility Classification: CLASS 1 TREAT	MENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2019

Contact Information									
Name Organization				1			Job Title		
Mr. William Hoch Sha			Shady Glen I	Shady Glen Inc.					
Mailing Address Lin	e One		Mailing Add	ress Line Two	City		State	Zip Code	
840 East Middle Tu	rnpike					Manche	ster	СТ	06040
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address		,	
860-649-4245		860-646-2	2993		860-649-4245				
C++ D-1-/-\- A		C	-1 61 0		•	•			

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0779023	MANCHESTER PACKING COMPANY, INC.				NTNC	34	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
349 WETHERALI	STREET	Connections	1					

Towns Served: MANCHESTER			
Monitori	ing Requirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
Nitrate And Nitrite (NOX)		<b>1</b> r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

	Connecticut De	•					_		ction	
	Water Q	uality Monit	oring a	nd Com	iplia	nce	Sche	edule		
PWS ID	PWS Name				Classif	icatio	n Popu	lation Ow	ner Type P	rimary Source
CT077902	MANCHESTER PACKING	COMPANY, INC.			NT	NC	3	4	Р	GW
Local Add	lress (where applicable)		Service	Resident	tial Co	mmei	rcial In	dustrial	Combined	Agricultural
349 WETI	HERALL STREET		Connection	1						
Towns Se	rved: MANCHESTER				,		,	,		'
		Monito	oring Rec	uireme	nts					
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
Organic	Chemicals (VOCS)							1	routine (F	T) per year
Sam	pling Point (Sampling Point ID)			Monitorii	ng Peri	od	Collecti	ion Period	Compli	ance Status
ENTI	RY POINT (3)			1/1/18 - :	12/31/:	18			Co	mplete
				1/1/19 - :	12/31/	19				
				1/1/20 - :	12/31/2	20				
		Other C	ompliand	e Sched	ules					
Complian	ce Schedule Activity			L	Due Da	te		Achieved	Date	
SUBMIT L	EAD CONSUMER NOTICE CERTIF	FICATE		12	2/29/20	012				
CROSS CC	ONNECTION SURVEY REPORT			3	3/1/202	20				
	Wate	r System Facili	ity and Sa	ampling	Point	t Inv	entor	у		
Water							Total	Lead and		
System	Water System Facility	Sampling Point				C	oliform	Copper		Stage
Facility IL		ID	Description			itus	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ			
		DOWNSTREAM			N A	A				
		MM01	PATTIE ROC	M	A	A		1		
		MM02	CUTTING RO	DOM	A	A		1		
		MM03	RETAIL		A	A		1		
		MM04	OFFICE BAT	HROOM	A	A	Υ	1	Υ	
		MM05	DOCK		A	A	Υ	1	Υ	
		UPSTREAM	WITHIN 5 S	ERVICE CON	N A	A				
00700	ENTRY POINT	3	ENTRY POIN	ΝΤ	A	A				
10368	WELL	2	WELL		ŀ	A				
		Certified	Operato	r Inform	ation	1				
-	stem Facility: <b>DISTRIBUTIO</b>		D: 00600)							
1	lassification: SMALL WATER SYS									Certification
Operator	Name	Operator Typ	е	Certificatio	n(s)					Expiration
FALLON, I	RVING W.	CHIEF OPERATO	OR .	WATER TRE	ATMEN	NT PLA	ANT OPE	RATOR - CI	_ASS II	6/30/2019
				DISTRIBUTION	ON SYS	TEM (	OPERATO	OR - CLASS	III	6/30/2019
		Con	tact Info	rmation						
Name		0	rganization						Job Title	
Mr. Mich	ael Perry	M	lanchester Pa	acking Co.			Plai	nt Manage	r	
Mailing A	ddress Line One	Mailing Address	s Line Two				Ci	ty	State	Zip Code
1.										

Mobile Phone

Manchester

michael@bravorawdiet.com

Emergency Phone | Email Address

 $\mathsf{CT}$ 

06040

349 Wetherell Street

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

**Business Phone** 

860-896-1899

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

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PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
СТ0779023	MANCHESTER PACKING COMPANY, INC.			NTNC	34	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	al Industri	al Combine	ed Agricultural
349 WETHERAL	_ STREET	Connections	1				
T	AANCHECTED						

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	le	
PWS Name	Classification	Population	Owner Type P	Primary

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0779073	BIRCH MOUNTAIN DAY SCHOOL				NTNC	83	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
645 BIRCH MOU	NTAIN ROAD	Connections			1			

Towns Served: MANCHESTER	_		
	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	<u> </u>		
Asbestos (1094)	500)	1 routing	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19	concensor remod	Compliance Status
Sciect from inventory of Active Sumpling Forits	1/1/20 - 12/31/28		
Total Coliform (3100)	1/1/20 12/31/20	1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
, , , , , , , , , , , , , , , , , , ,	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		•
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		·
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name CT0779073 BIRCH MOUNTAIN DAY SCHOOL			Cla	ssification	Population	Owner Type	Primary Source	
СТ0779073	BIRCH MOUNTAIN DAY SCHOOL				NTNC	83	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
645 BIRCH MOL	INTAIN ROAD	Connections			1			

	· <del>- · ·</del>										
Мо	Monthly Water System Facility (WSF) Level Monitoring Requirements										
Water System Facility:	ENTRY POINT (WSFID: 00700)										
Analyte	Monitoring Requirement (Summary T	уре)	Operating Limi	it	Samples Req/Month						
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7.0	PH	4						
Start Date: 4/1/2006		Compliance History: Operating Limit			Monitoring						
		Monitoring	Period	Compliance Status	: Compliance Status:						
		11/1/2018 -	11/30/2018		N						
		12/1/2018 -	12/31/2018		N						
		1/1/2019 - 1	./31/2019		N						
		2/1/2019 - 2	2/28/2019		N						
		3/1/2019 - 3	3/31/2019								

Other Con	Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date								
SWTS 1: PWS TO RECOMMEND SOWT	3/31/2016									
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	9/30/2016									
CROSS CONNECTION SURVEY REPORT	3/1/2020									

4/1/2019 - 4/30/2019

	Wat	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		BM1	RES	Α	Υ				
		BM2	LITTLE RS	Α	Υ				
		BM3	LF BATH	Α	Υ				
		BM4	BREAK ROOM	Α	Υ				
		BM5	BM5	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MB5	RIGHT CENTER SINK	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10970	WELL	2	WELL	Α					
1659	WTP								
51998	PRESSURE STORAGE								

Certified Operator Information										
•										
Water System Facility: WTP (WSF ID: 1659)										
Facility Classification: CLASS 1 TREATMENT PLANT Certific										
Operator Name	Operator Type	Certification(s)	Expiration							
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020							
		WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2019							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0779073	BIRCH MOUNTAIN DAY SCHOOL				NTNC	83	Р	GW
Local Address (v	vhere applicable)	Service	Resider	itial	Commercia	al Industri	al Combine	ed Agricultural
645 BIRCH MOL	INTAIN ROAD	Connections			1			

				Contact Inf	ormation				
Name				Organization	า			Job Title	
Ms. Jenifer Minicucci				Birch Mount	ain Day School		President		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
645 Birch Mountain	n Road					Manche	ster	СТ	06040
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress		
860-649-2067		860-649-2	2139		860-645-1751				

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

### Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0779093	CTWC - BUCKLAND ROAD SERVICE AREA				NTNC	25	Р	SWP
Local Address (\	vhere applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
BUCKLAND ROA	D	Connections			5			

Towns Served: MANCHESTER			-
Monitorin	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)		
Chlorine Residual (0999)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
Total Haloacetic Acids (2456)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
LOWES-31 BUCKLAND HILLS DR (3045)	10/1/18 - 12/31/18	11/1-11/30	Complete
	1/1/19 - 3/31/19	2/1-2/28	Complete
	4/1/19 - 6/30/19	5/1-5/31	
	7/1/19 - 9/30/19	8/1-8/31	
Total Trihalomethanes (2950)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
TARGET-125 BUCKLAND HILLS DR (3046)	10/1/18 - 12/31/18	11/1-11/30	Complete
	1/1/19 - 3/31/19	2/1-2/28	Complete
	4/1/19 - 6/30/19	5/1-5/31	
	7/1/19 - 9/30/19	8/1-8/31	
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19	_	Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Lead And Copper (PBCU)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking water Section									
	Water Quality Moni	toring and	d Con	npl	liance S	Schedul	e		
PWS ID PWS Name Classification Population Owner Type Primary Sou						Primary Source			
СТ0779093	CTWC - BUCKLAND ROAD SERVICE AREA				NTNC	25	Р	SWP	
Local Address (where applicable) Service Reside				tial	Commerci	al Industri	al Combin	ed Agricultural	
BUCKLAND ROAD Connections 5									

at of Dulalia Haalth Duinlina Matou Coatio

Fowns	San	·haı	$\Lambda \Lambda \Lambda$	NICH	<b>IFSTFR</b>	
LOWIIS	2617	/6(1):	IVIA	- אווו	IFSIFK	

Monitoring Requirements								
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>								
Lead And Copper (PBCU)		1 r	outine (RT) per year					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>					
	1/1/19 - 12/31/19	6/1-9/30						
	1/1/20 - 12/31/20	6/1-9/30						
Physical Parameters (PPS)		1 rou	tine (RT) per month					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>					
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete					
	12/1/18 - 12/31/18		Complete					
	1/1/19 - 1/31/19		Complete					
	2/1/19 - 2/28/19		Complete					
	3/1/19 - 3/31/19		Complete					
	4/1/19 - 4/30/19							
	5/1/19 - 5/31/19							
	6/1/19 - 6/30/19							
	7/1/19 - 7/31/19							
	8/1/19 - 8/31/19							
	9/1/19 - 9/30/19							
	10/1/19 - 10/31/19							
041	C-lll							

### **Other Compliance Schedules**

Compliance Schedule Activity

CROSS CONNECTION SURVEY REPORT

3/1/2020

CINOSS CC	MINICION SORVET REPORT		3/ 1	,/2020				
	Water	<b>System Facili</b>	ity and Sampling Po	oint lı	nvento	ſy		
Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	3045	LOWES-31 BUCKLAND HI	Α		Ν	Υ	Υ
		3045-1	ORECK STORE	Α	Υ	N		
		3046	TARGET-125 BUCKLAND	Α	Υ	N		Υ
		3047	VIT SHOP-105 BUCK	Α	Υ	N		
		3048	MN WHS-194 BUCK	Α	Υ	N		
		4	DISTRIBUTION SYSTEM	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
57781	INTERCONNECTION - CTWC - WESTERN SYSTEM							
57783	INTERCONNECTION - MANCHESTER WATER DEPT							

### **Certified Operator Information**

Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source	
СТ0779093	CTWC - BUCKLAND ROAD SERVICE AREA				NTNC	25	Р	SWP	
Local Address (w	Service	Residential		Commercia	al Industri	al Combine	ed Agricultural		
BUCKLAND ROA	Connections			5					

Connecticut Department of Public Health Drinking Water Section

	Certified Operator Information
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification:SMALL WATER SYSTEMCertificationOperator NameOperator TypeCertification(s)ExpirationGREEN, III, CLIFFORDCHIEF OPERATORDISTRIBUTION SYSTEM OPERATOR - CLASS III3/31/2020

			Co	ontact Inf	ormation				
Name Organization Job Title									
Mr. Craig J. Patla Connecticut Water Company Vp, Service Delivery									
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code
93 West Main Stree	t					Clinton	ton CT 06413		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address			
860-664-6140					800-391-1924	cpatla@ctwater.com			
Contact Role(s): Le	gal Contact								
Name				Organization			Job Title		
Mr. David Connors				Connecticut Water Company			Director, Service De		
Mailing Address Line	e One		Mailing Addr	ess Line Two		City		State	Zip Code
93 West Mai			93 West Mair	n St		Clinton		СТ	06413
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address			
860-664-6141					860-227-4902	dconnors@ctwater.com			

#### Contact Role(s): Administrative Contact

#### Please note the following:

Towns Served: MANCHESTER

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

## Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

	<u> </u>							
PWS ID	PWS Name			Class	ification	Population	Owner Type	Primary Source
СТ0779083	ELISABETH M. BENNET ACADEMY			N	ITNC	536	L	SWP
Local Address (v	vhere applicable)	Service	Residen	tial C	Commercia	al Industri	al Combine	ed Agricultural
1151 MAIN STRE	ET	Connections			1			

TIST WAIN STREET	1		
Towns Served: MANCHESTER			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	<u> </u>		
Chlorine Residual (0999)	<b>,</b>	1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
, , ,	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		·
, , ,	1/1/20 - 12/31/28		
Total Haloacetic Acids (2456)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
CONE WATER COOLER (B4C001)	10/1/18 - 12/31/18	12/1-12/31	
	1/1/19 - 3/31/19	3/1-3/31	Complete
	4/1/19 - 6/30/19	6/1-6/30	<del>-</del>
	7/1/19 - 9/30/19	9/1-9/30	
Total Trihalomethanes (2950)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
BARNARD WATER COOLER (B4B001)	10/1/18 - 12/31/18	12/1-12/31	
	1/1/19 - 3/31/19	3/1-3/31	
	4/1/19 - 6/30/19	6/1-6/30	
	7/1/19 - 9/30/19	9/1-9/30	
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Lead And Copper (PBCU)		20 routine	(RT) per six months
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
		20	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				_				Primary Source			
СТ0779083	ELISABETH M. BENNET ACADEMY				NTNC	536	L	SWP			
Local Address	Service	Residen	ntial Commerc		al Industri	al Combin	ed Agricultural				
1151 MAIN ST	REET	Connections			1						

LIST MAIN STREET			_	-	
Towns Served: MANCHEST	ER				
	Monitori	ng Requ	uirements		
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID: 0				
Lead And Copper (PBC	•			20 routine	(RT) per six month
Sampling Point (Samp	-		Monitoring Period	Collection Period	Compliance Status
	of Active Sampling Points		7/1/18 - 12/31/18		Complete
	or receive company of the		1/1/19 - 6/30/19		
			7/1/19 - 12/31/19		
Physical Parameters (P	PPS)			1 rou	ıtine (RT) per mont
Sampling Point (Samp			Monitoring Period	Collection Period	Compliance Status
	of Active Sampling Points		11/1/18 - 11/30/18		Complete
·			12/1/18 - 12/31/18		Complete
			1/1/19 - 1/31/19		Complete
			2/1/19 - 2/28/19		Complete
			3/1/19 - 3/31/19		Complete
		4/1/19 - 4/30/19		Complete	
			5/1/19 - 5/31/19		
			6/1/19 - 6/30/19		
			7/1/19 - 7/31/19		
			8/1/19 - 8/31/19		
			9/1/19 - 9/30/19		
			10/1/19 - 10/31/19		
Mor	nthly Water System Facility	(WSF)	Level Monitori	ng Requiremen	ıts
Vater System Facility:	TREATMENT PLANT (WSFID: 5779)	2)			
Analyte	Monitoring Requirement (Summary	Туре)	Operating Limi	t	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7.0	PH	4
<b>Start Date:</b> 9/1/2011		Complia	ance History:	Operating Limit	Monitoring
		Monitor	ring Period	Compliance Status:	
		11/1/20	18 - 11/30/2018		N
		12/1/20	18 - 12/31/2018		N
		1/1/201	.9 - 1/31/2019		N
		2/1/201	.9 - 2/28/2019		N
		3/1/201	.9 - 3/31/2019		
Analyte	<b>Monitoring Requirement (Summary</b>	Туре)	<b>Operating Limi</b>	t s	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Maximum: 7.6	PH	4
<b>Start Date:</b> 9/1/2011			ance History:	<b>Operating Limit</b>	Monitoring
			ring Period	<b>Compliance Status:</b>	Compliance Status
			18 - 11/30/2018		N
			18 - 12/31/2018		N
		1/1/201	.9 - 1/31/2019		N
		0/4/001	0 0/00/0040		

2/1/2019 - 2/28/2019

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# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name			Classification		Population	Owner Type	Primary Source	
CT0779083 ELISABETH M. BENNET ACADEMY				NTNC	536	L	SWP	
Local Address (where applicable)		Service	Resider	dential Comn		al Industri	al Combine	ed Agricultural
1151 MAIN STRE	EET	Connections			1			

Towns Served: MANCHESTER

Water System Facility:	TREATMENT PLANT (WSFID: 57792)			
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	t	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	onitoring (PHRD) Maximum: 7.0		4
<b>Start Date:</b> 9/1/2011	Cor	mpliance History:	Operating Limit	Monitoring
	Mo	nitoring Period	Compliance Status	: Compliance Status:
	3/1	/2019 - 3/31/2019	·	
	4/1	/2019 - 4/30/2019		

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/30/2012							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2012							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2013							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2017							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2018							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2019							
CROSS CONNECTION SURVEY REPORT	3/1/2020							

	Wat	er System Facili	ty and Sampling P	oint Ir	rventor	У		
Water					Total	Lead and		
System	Water System Facility				Coliform	Copper		Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α				
		B4B001	BARNARD WATER COOLER	Α	Υ			Υ
		B4B004	BARNARD FAC LAV	Α	Υ			
		B4B016	BARNARD CUSTODIAL	Α				
		B4B201	BARNARD WATER COOLER	Α	Υ			
		B4B206	BARNARD-SCIENCE LAV	Α	Υ			
		B4B211	BARNARD SCIENCE LAV	Α	Υ			
		B4B213	BARNARD SCIENCE LAV	Α	Υ			
		B4C001	CONE WATER COOLER	Α	Υ			Υ
		B4C011	CONE BOYS LR LAV	Α	Υ			
		B4C024	CONE-CHANGING LAV	Α	Υ			
		B4C101	CONE-WATER COOLER	Α	Υ			
		B4C104	CONE HC LAV	Α	Υ			
		B4C107	CONE LIBRARY WK RM	Α	Υ			
		B4C204	CONE CHANGING LAV	Α	Υ			
		B4F101	FRAN WATER COOLER	Α	Υ			
		B4F104	FRAN FACULTY LAV	Α	Υ			
		B4F107	FRANKLIN-NURSE	Α	Υ			
		B4F111	FRANK SCIENCE LAB	Α	Υ			
		B4F117	FRANKLIN NURSE	Α	Υ			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

							_		_	
		Connecticut Dep					_			
		Water Qu	ality Monit	oring ar	id Com	iplian	ce Sc	hedule	9	
PWS ID		PWS Name				Classifica	tion Po	Owner Type P	rimary Source	
СТ077908	3	ELISABETH M. BENNET AC	ADEMY			NTNC	;	536	L	SWP
Local Add	ress (w	here applicable)		Service	Resident	tial Comr	mercial	Industria	Combined	Agricultura
1151 MAI	N STRE	ET		Connection	S		1			
Towns Sei	rved: N	MANCHESTER								
		Water	<b>System Facili</b>	ity and Sa	mpling	Point I	nvent	ory		
Water							Tota	l Lead a	nd	
System		r System Facility	Sampling Point		oint		Colifor			Stage
Facility ID	)		ID	Description		Statu	s Rule	Rule 1	ier Asbestos	estos WQP 2 DBP
			B4F201	FRANK WAT	ER COOLEF	R A	Υ			
			B4F213	FRANK SCIE	Α	Υ				
			B4R103	REC WATER	COOLER	Α	Υ			
		B4R107	REC FACULTY LAV		Α	Υ				
		B4R112	REC DIST KITCHEN		Α					
			B4R207	REC FACULTY LAV		Α	Υ			
			B4RSTR20	REC WATER	COOLER	Α	Υ			
			DOWNSTREAM	1 WITHIN 5 SERVICE CON		I A				
			UPSTREAM	WITHIN 5 SE	RVICE CON	I A				
57789		RCONNECTION - CHESTER WATER DEPT								
57792	TREAT	TMENT PLANT	B3RAW	ENTRY POIN	T RAW	Α				
			B3TREAT	ENTRY POIN	T TREATED	Α				
			Certified	Operator	Inform	ation				
Water Sy	/stem l	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Facility Cl	assifica	ation:								Certification
Operator Name Operator Typ		e Certification(s)						Expiration		
GRANT, SHANE CHIE		CHIEF OPERATO	HIEF OPERATOR WATER TREAT			ATMENT PLANT OPERATOR - CLASS II				
				[	DISTRIBUTIO	ON SYSTEI	M OPER	ATOR - CLA	ASS II	9/30/2020
Water Sy	/stem	Facility: TREATMENT P	LANT (WSF ID: 5	7792)						
Facility Cl	assifica	ation: CLASS 1 TREATMEN	T PLANT							Certification
Operator	Name		Operator Type	e (	Certificatio	n(s)				Expiration

					DISTRIBUTION SYS	тем оре	6/30/2019				
			C	ontact Inf	ormation						
Name				Organization	ı	Job Title					
Mr. Christopher C.	Mr. Christopher C. Till Town of Manchester						Project Man	Project Manager			
Mailing Address Line One Mailing Add				ress Line Two		City Stat			Zip Code		
PO Box 191						Manchester CT 060			06040		
<b>Business Phone</b>	Extension	Fax	M	obile Phone	Emergency Phone	e Email Address					
860-647-3145		860-647-	3061		860-463-3516	ctill@manchesterct.gov					
Contact Role(s): Le	egal Contact				·						

**CHIEF OPERATOR** 

ASSIGNED OPERATOR

GRANT, SHANE

PETITTI, ANDY

WATER TREATMENT PLANT OPERATOR - CLASS II

WATER TREATMENT PLANT OPERATOR - CLASS I

**DISTRIBUTION SYSTEM OPERATOR - CLASS II** 

9/30/2020

9/30/2020

12/31/2019

(	Connecticu	t Depa	irtment of	Public F	<del>l</del> ealth	Drir	ıking	Water	Section		
	Wate	er Qua	lity Monit	oring an	d Con	nplia	nce S	chedul	le		
PWS ID	PWS Name					Classifi	ication	Population	Owner Type	Primary Source	
CT0779083	LISABETH M. BEI	NNET ACAI	DEMY			NT	NC	536	L	SWP	
Local Address (wh	Local Address (where applicable)  Service Residential Commercial Industrial Comb							al Combin	ed Agricultural		
1151 MAIN STREE	T			Connections			1				
Towns Served: M	ANCHESTER					,					
Name			Or	ganization					Job Titl	e	
Mr. Peter Staye			M	anchester Pul	olic Schoo	ls		Facilities	Director		
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Zip Code	
325 Olcott Street					Manch	ester	СТ	06040			
Business Phone	Extension	Fax	Mobil	le Phone E	mergency	Phone	ne Email Address				
860-647-5011							pstaye@mpspride.org				
Contact Role(s):	Administrative Co	ontact					•				

#### Contact Role(s): Administrative Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule